**Client Cover Sheet** *for Kris Gooding, LCSW*

**YOUR FULL NAME Date of Birth**

Do you prefer to be called something else?

**ADDRESS:**

STREET

CITY

ZIPCODE

CELL PHONE ACCEPT MESSAGES?

OTHER PHONE ACCEPT MESSAGES?

EMAIL ACCEPT MESSAGES?

***Reminder:***

Please take a moment to make sure my cell number: **301-806-0211** is in your phone or added to your books. Also, please note my email address [kris@find-within.com](mailto:kris@find-within.com). Always **contact me directly** for any therapy related matters such as; altering your appointment time, notifying me you are running late, or any other time sensitive, appointment or therapy related matter. I accept voice and text messages.

As per your contract, I ask that you provide as much advance noticeof any changes to your appointments as possible.

I require 48 hours (business day hours) notice for cancellations.

**Again, call or text me directly 301 806 0211.**